

HMT SUPPLEMENTAL PAYMENT INFORMATION FORM

If your payments were made by a freight forwarder or other agent, prompt response may be aided by submission of this form with your HMT Refund Claim Form.

Exporter Name: _____

Instructions: Please supply all of the information requested below and attach the requested documentation. If payment was made by more than one freight forwarder or agent, please identify all possible freight forwarder names and EINs. Make additional copies of the form if necessary. **This form is to be used only by exporters who have filed complaints in the Court of International Trade. Any forms submitted by exporters who do not have a case pending will not be processed.**

1. Attach copies of the CF349 or other suitable forms of information that were submitted with each HMT payment.
2. Complete the following information:

| Freight Forwarder or Agent's Name | Freight Forwarder or Agent's EIN | Payment Date | Quarter Paid | Payment Amount |
|-----------------------------------|----------------------------------|--------------|--------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3. Complete certification:

I certify that the above statements and payment information are true and accurate to the best of my knowledge.

Printed Name and Title

Signature and Date